

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

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Public Health
Prevent. Promote. Protect.

APPLICATION TO RENEW PERMIT TO OPERATE A FOOD ESTABLISHMENT

DATE: _____

Establishment:

Address:

Phone:

Owner:

Risk Category:

Fee:

Add an additional \$10 for milk

ARE YOU A CATERER? YES ☐ NO ☐

DO YOU SELL CONTAINERS OF MILK?

YES ☐ NO ☐

NUMBER OF SEATS AUTHORIZED BY COMMON VICTUALER LICENSE: _____

PLEASE MAKE ANY CORRECTIONS TO THE ABOVE LABEL IF NECESSARY

SEE RENEWAL LETTER ON THE BACK PAGE FOR INSTRUCTIONS AND FEE SCHEDULE

NAME AND TITLE OF APPLICANT: _____ PHONE: _____

OWNER'S NAME: _____

OWNER'S HOME ADDRESS: _____

OWNER'S PHONE: _____ / _____ EMAIL: _____

CORPORATE NAME: _____

CORPORATE CONTACT PERSON: _____

CORPORATE ADDRESS: _____

CORPORATE PHONE: _____

▪ IF CORPORATE, ATTACH A LIST OF OFFICERS NAMES, ADDRESSES AND PHONE NUMBERS

EMERGENCY CONTACT: _____ 24 HOUR TELEPHONE #: _____

PURSUANT TO M.G.L. CH. 62C, SEC. 49A I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW. I CERTIFY THAT I HAVE WORKERS COMPENSATION COVERAGE AS REQUIRED BY LAW.

**APPLICATION MUST BE COMPLETELY FILLED OUT WITH A FEE PAYABLE TO THE "CITY OF NEWTON".
LICENSE WILL BE MAILED DIRECTLY TO ESTABLISHMENT.**

FOOD ESTABLISHMENT FEE ENCLOSED: _____

\$10.00 MILK LICENSE FEE: _____
(only if cartons of milk are sold)

TOTAL ENCLOSED: _____

FEDERAL IDENTIFICATION NUMBER

SIGNATURE OF INDIVIDUAL CORP /OFFICER

dzaleznik@newtonma.gov